

USDC/ATTY-010 (Rev. 1/12) Request for Transcript from an Electronic Recording or for Purchasing a Copy of an Audio Tape or CD

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA**

AT _____

V.

CASE NUMBER

**REQUEST FOR TRANSCRIPT FROM AN ELECTRONIC RECORDING
OR FOR PURCHASING A COPY OF AN AUDIO TAPE OR CD**

Requestor's name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

Judicial officer presiding: _____

Proceeding date(s): _____

Proceeding location(s): _____

Proceeding type(s)¹: _____

Attorney present at hearing (*list all attorneys*): _____

Witness called at proceeding (*list all witnesses*): _____

Court reporter name/Tape number/Courtflow: _____

¹ Proceeding types include: Motion Hearing, Voir Dire, Jury Selection, Jury Trial, Day 1, 2, etc., Bench Trial, Day 1, 2, etc., Jury Verdict, Sentencing, Bond Hearing, Detention Hearing, Etc.

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Indicate type of transcript requested:

<input type="checkbox"/> Ordinary transcript (due 30 days from date assigned to court reporter)	<input type="checkbox"/> Daily (due by 5:00 PM the day following assignment to court reporter)
<input type="checkbox"/> 14-Day transcript (due 14 days from date assigned to court reporter)	<input type="checkbox"/> Hourly
<input type="checkbox"/> Expedited (due 7 days from date assigned to court reporter)	<input type="checkbox"/> Copy of an audio tape or CD of an electronically recorded proceeding

Additional instructions (*Provide additional information which will aid in the preparation of the transcript*):

I acknowledge that I am responsible for payment to the court reporter for the cost of a transcript of the proceedings described herein or that I am responsible to the Clerk of Court for payment of the cost for recording of the proceedings described herein. Further, I understand that this request will not be processed until appropriate financial arrangements are made.

By: _____

Date: _____

Requestor's Signature or e-Signature

<input type="checkbox"/> Attorney (Civil or Criminal)	<input type="checkbox"/> Assistant United States Attorney
<input type="checkbox"/> CJA Attorney (completed CJA-24 attached)	<input type="checkbox"/> Pro Se Litigant
<input type="checkbox"/> Federal Public Defender	

FOR OFFICIAL COURT USE ONLY:

Court reporter assigned: _____

Date assigned: _____

Delivery method:

<input type="checkbox"/> Hold for pickup	
<input type="checkbox"/> Mail to above address	
<input type="checkbox"/> Mail to: _____	
<input type="checkbox"/> Ship overnight:	

via _____ Account no.: _____ Priority: _____